PRINTED: 08/24/2010 FORM APPROVED

Bureau of Health Care Quality and Compliance

AND PLAN OF CORRECTION IDENTIFICATION N			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
NVS4576HOS		Ι			05/18/2010	
SAINT POSE DOMINICAN HOSPITAL SAN MARTIN (8280 W WA	80 W WARM SPRINGS ROAD			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CCCCOSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
00 Initial Comments This Statement of Deficiencies was generated as		S 000				
a result of complaint investigation conducted in your facility on 05/18/10 and finalized on 05/18/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.						
Complaint #NV00025254 was substantiated with deficiencies cited. (See Tags S0156, S0298)						
A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.						
Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.						
The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.						
The following deficiencies were identified.						
14. If identified in a continuous patient to outpatient to another faction a manner that meet the patient, including medical information a	discharge plan, referral services or transfer of the cility must be accomplised the the identified new the sharing of necessal about the patient with the	he hed eds of Iry	S 156			
	ROVIDER OR SUPPLIER SEE DOMINICAN HOSPIT SUMMARY ST (EACH DEFICIENCE REGULATORY OR Initial Comments This Statement of Dea a result of complaint your facility on 05/18 05/18/10, in accordant Administrative Code, Complaint #NV00028 deficiencies cited. (See Tags S0156, S0) A Plan of Correction The POC must relate and prevent such occurrence intended completion established to assure be included. Monitoring visits may on-going compliance requirements. The findings and comby the Health Division prohibiting any criminations or other claim available to any party state or local laws. The following deficient in the following deficient to outpatient to another facing a manner that meet the patient to another facing a manner that meet the patient, including medical information and informat	ROVIDER OR SUPPLIER SEE DOMINICAN HOSPITAL - SAN MARTIN C SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FIREGULATORY OR LSC IDENTIFYING INFORMAT Initial Comments This Statement of Deficiencies was generate a result of complaint investigation conducted your facility on 05/18/10 and finalized on 05/18/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals Complaint #NV00025254 was substantiated deficiencies cited. (See Tags S0156, S0298) A Plan of Correction (POC) must be submitt The POC must relate to the care of all patien and prevent such occurrences in the future. intended completion dates and the mechani established to assure ongoing compliance in be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investig by the Health Division shall not be construed prohibiting any criminal or civil investigations actions or other claims for relief that may be available to any party under applicable fede state or local laws. The following deficiencies were identified. NAC 449.332 Discharge Planning 14. If identified in a discharge plan, referral patient to outpatient services or transfer of the patient to another facility must be accomplisin a manner that meets the the identified neutre patient, including the sharing of necessarians.	ROVIDER OR SUPPLIER SEE DOMINICAN HOSPITAL - SAN MARTIN C SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 05/18/10 and finalized on 05/18/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. Complaint #NV00025254 was substantiated with deficiencies cited. (See Tags S0156, S0298) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following deficiencies were identified. NAC 449.332 Discharge Planning 14. If identified in a discharge plan, referral of a patient to outpatient services or transfer of the patient to another facility must be accomplished in a manner that meets the the identified needs of the patient, including the sharing of necessary medical information about the patient with the	ROVIDER OR SUPPLIER REDOMINICAN HOSPITAL - SAN MARTIN C SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments Initial Comments S 000 Initial Complaint investigation conducted in your facility on 05/18/10 and finalized on 05/18/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. Complaint #NV00025254 was substantiated with deficiencies cited. (See Tags S0156, S0298) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following deficiencies were identified. NAC 449.332 Discharge Planning S 156 14. If identified in a discharge plan, referral of a patient to outpatient services or transfer of the patient, including the sharing of necessary medical information about the patient with the	ROUNDER OR SUPPLIER SEE DOMINICAN HOSPITAL - SAN MARTIN C SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MIST BE PRECEDED BY PLUL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 05/18/10 and finalized on 05/18/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. Complaint #NV00025254 was substantiated with deficiencies cited. (See Tags S0156, S0298) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following deficiencies were identified. NAC 449.332 Discharge Planning S 156 14. If identified in a discharge plan, referral of a patient to outpatient services or transfer of the patient to another facility must be accomplished in a manner that meets the the identified needs of the patient, including the sharing of necessary meetical information about the patient with the	ROUDER OR SUPPLIER NVS4576HOS NVS4576HOS STREET ADDRESS. CITY. STATE, ZIP CODE 2820 WWARM SPRINGS ROAD LAS VEGAS, NV 89113 SUMMARY STATEMENT OF DEFIDIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY PULL RESULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments S 000 This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 05/18/10 and finalized on 05/18/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. Complaint #NV00025254 was substantiated with deficiencies cited. (See Tags S0156, S0298) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-opoing compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following deficiencies were identified. NAC 449.332 Discharge Planning S 156 14. If identified in a discharge plan, referral of a patient, including the sharing of necessary medical information about the patient with the

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 08/24/2010 FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4576HOS 05/18/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8280 W WARM SPRINGS ROAD SAINT ROSE DOMINICAN HOSPITAL - SAN MARTIN (LAS VEGAS, NV 89113 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 156 S 156 Continued From page 1 This Regulation is not met as evidenced by: Based on interview, record review and the hospitals facility to facility transfer policy and procedure, the facility failed to share the necessary medical information about the patient with the receiving facility prior to transfer. (Patient #1) 1. The facility's transfer summary documented the patients diagnosis at the time of transfer was abdominal pain, rule out pancreatitis. The patients documented discharge diagnosis at the time of transfer was active abdominal tuberculosis. 2. The patients discharge nurse failed to follow the hospitals facility to facility transfer policy and procedure by failing to call the receiving facility with a report on the patient prior to the patients transfer. Scope: 2 Severity: 2 Complaint # 25254 S 298 NAC 449.361 Nursing Service S 298 SS=E 9. A hospital shall ensure that its patients receive proper treatment and care provided by its nursing services in accordance with nationally recognized

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

standards of practice and physicians' orders.

This Regulation is not met as evidenced by: Based on interview, record review and document review the facility failed to follow physicians orders to obtain 3 sputum cultures for AFB (acid fast bacilli) to rule out pulmonary tuberculosis on

a patient who had a diagnosis of active abdominal tuberculosis. (Patient #1)

PRINTED: 08/24/2010 FORM APPROVED

Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4576HOS 05/18/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8280 W WARM SPRINGS ROAD SAINT ROSE DOMINICAN HOSPITAL - SAN MARTIN C LAS VEGAS, NV 89113 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 298 Continued From page 2 S 298 1. A Physician Order dated 04/23/10 at 2:30 PM included the following: "Sputum for AFB x 3. (acid fast bacilli) Maintain AFB isolation. 2. On 05/18/10 a review of the patients medical record revealed no documented evidence any sputum cultures for AFB were obtained by the facility staff prior to the patients transfer to a skilled nursing facility. Severity: 2 Scope: 2 Complaint # 25254